

## Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	02-FEB-05 11:14

## Crosswalk Report

OPSS\$PCUMMING

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Status : FN

Substance Abuse and Mental Health Services Administration

Media ID : CADS

Office of Applied Studie

Start Date : 01-JUN-91

End Date :

Follow-up :

California's Treatment Episode Data Set

Version : 1

K = Key Field

**System**

California

Item

Item

No. Treatment Episode Data Set

Value

State System Data

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<b>1</b>	<b>System Transaction Type</b>	<b>-</b>	<b>System Transaction Type Added to Each Record</b>
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<b>K 2</b>	<b>State Code</b>	<b>CA</b>	<b>FIPS Code Added to Each Record</b>
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<b>3</b>	<b>Reporting Date</b>	<b>-</b>	<b>Month and Year of Submission Added to Each Record</b>
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California's Treatment Episode Data Set  
Version : 1

K = Key Field Item		Minimum	<u>California</u>	
No.	Treatment Episode Data Set	Item	Value	State System Data
<b>K 1</b>	<b>Provider Identifier</b>	<b>01</b>	<b>Provider ID</b>	
<b>K 2</b>	<b>Client Identifier (Admission)</b>	<b>02</b>	<b>Form Serial Number</b>	
<b>K 3</b>	<b>Co-Dependent/Collateral</b>	<b>05</b>	<b>Co-Dependent/Significant Other</b>	
	1 Yes		1	Yes
	2 No		2	No
<b>K 4</b>	<b>Client Transaction Type</b>	<b>15</b>	<b>Transaction Type</b>	
	A Initial Admission		1	Initial Admission
	T Transfer/Change in Service		2	Transfer from one provider to another or change in service
<b>K 5</b>	<b>Date of Admission</b>	<b>14</b>	<b>Date of Admission</b>	
<b>6</b>	<b>Number of Prior Treatment Episodes</b>	<b>18</b>	<b>Number of Prior Episodes</b>	
	0 0		0	0
	1 1		1	1
	2 2		2	2
	3 3		3	3
	4 4		4	4
	5 Or More		5	5-9+

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State System Data

7	Principal Source of Referral	10	Principal Source of Referral
01	Individual (includes self-referral))	1	Individual
02	Alcohol/Drug Abuse Provider	2	Alcohol/Drug Abuse Care Program
03	Other Health Care Provider	3	Other Health Care Provider
04	School (Educational)	4	School
05	Employer/EAP	5	Employer/EAP
07	Court/Criminal Justice/DUI/DWI	6	Court/Criminal Justice
06	Other Community Referral	7	12 Step Mutual Aid
06	Other Community Referral	8	Other Community Referral

No longer effective as of: 06-30-2001

7	Principal Source of Referral	10	Principal Source of Referral
01	Individual (includes self-referral))	1	Individual
07	Court/Criminal Justice/DUI/DWI	10	SACPA Parole
02	Alcohol/Drug Abuse Provider	2	Alcohol/Drug Abuse Care Program
03	Other Health Care Provider	3	Other Health Care Provider
04	School (Educational)	4	School
05	Employer/EAP	5	Employer/EAP
07	Court/Criminal Justice/DUI/DWI	6	Non- SACPA Court/Criminal Justice
06	Other Community Referral	7	12 Step Mutual Aid
06	Other Community Referral	8	Other Community Referral
07	Court/Criminal Justice/DUI/DWI	9	SACPA Court/Probation

8	Date of Birth	03	Unique Participant ID (positions 4-9)
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9	Sex	03	Unique Participant ID (position 3)
1	Male	1	Male
2	Female	2	Female

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## 10 Race

05 White  
04 Black or African American  
02 American Indian ( Other than  
Alaskan Native)  
01 Alaska Native (Aleut, Eskimo,  
Indian)  
03 Asian or Pacific Islander  
03 Asian or Pacific Islander  
03 Asian or Pacific Islander  
03 Asian or Pacific Islander  
03 Asian or Pacific Islander  
03 Asian or Pacific Islander  
03 Asian or Pacific Islander  
03 Asian or Pacific Islander  
03 Asian or Pacific Islander  
03 Asian or Pacific Islander  
03 Asian or Pacific Islander  
20 Other  
13 Asian  
23 Native Hawaiians or Other Pacific  
Islanders

## 06 Race

01 White  
02 Black/African-American  
03 American indian  
04 Alaskan Native  
05 Asian Indian  
06 Cambodian  
07 Chinese  
08 Filipino  
09 Guamanian  
10 Hawaiian  
11 Japanese  
12 Korean  
13 Loatian  
14 Samoan  
15 Vietnamese  
16 Other Asian  
17 Other Race

## 11 Ethnicity

05 Not of Hispanic Origin  
02 Mexican  
03 Cuban  
01 Puerto Rican  
04 Other Specific Hispanic

## 07 Ethnicity

1 Not Hispanic  
2 Mexican/Mexican-American  
3 Cuban  
4 Puerto Rican  
5 Other Hispanic/Latino

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No.	Treatment Episode Data Set	Item	Value	State System Data
<b>12</b>	<b>Education</b>	<b>09</b>	<b>Highest School Grade Completed</b>	
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		00-20	00-20
00	Less Than One Grade Completed		00-20	00-20
<b>13</b>	<b>Employment Status</b>	<b>08</b>	<b>Employment Status</b>	
01	Full Time		1	Full Time
02	Part Time		2	Part Time
03	Unemployed		3	Unemployed
04	Not in Labor Force		4	Not in Labor Force

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**14 Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiart-14C)**

**19 Alcohol/Drug Problem, Primary, Secondary, Tertiary**

05	Heroin	01	Heroin
02	Alcohol	02	Alcohol
15	Barbiturates	03	Barbiturates
16	Other Sedatives or Hypnotics	04	Other Sedatives or Hypnotics
10	Methamphetamine	05	Methamphetamine
11	Other Amphetamines	06	Other Amphetamines
12	Other Stimulants	07	Other Stimulants
03	Cocaine, Crack	08	Cocaine/Crack
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)	09	Marijuana/Hashish - Includes THC
08	PCP	10	PCP
09	Other Hallucinogens	11	Other Hallucinogens
13	Benzodiazepine	12	Tranquilizers (Benzodiazepine)
14	Other Tranquilizers	13	Other Tranquilizers
06	Non-Prescription Methadone	14	Non-Prescription Methadone
07	Other Opiates and Synthetics	15	Other Opiates and Synthetics
17	Inhalants	16	Inhalants
18	Over-the-Counter	17	Over the Counter
20	Other	21	Other
01	None	22	None

**15 Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiar-15C)**

**20 Usual Route of Administration**

01	Oral	1	Oral
02	Smoking	2	Smoking
03	Inhalation	3	Inhalation
04	Injection (IV or intramuscular)	4	Injection (IV or intramuscular)
20	Other	5	Other

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>16</b>	<b>Frequency of Use ( Primary-16A, Secondary-16B, Tertiary-16C)</b>	<b>21</b>	<b>Frequency of Use</b>	
01	No past month use	1	No Past Month Use	
02	1-3 times in past month	2	1-3 Times in Past Month	
03	1-2 times per week	3	1-2 Times Per Week	
04	3-6 times per week	4	3-6 Times Per Week	
05	Daily	5	Daily	
<b>17</b>	<b>Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)</b>	<b>22</b>	<b>Age of First Use or Intoxication</b>	
<b>K 18</b>	<b>Type of Services</b>	<b>16</b>	<b>Type of Service</b>	
07	Non-Intensive Outpatient	1	Treatment/Recovery - non-residential/Outpatient	
06	Intensive Outpatient	2	Day Program-Intensive	
08	Ambulatory Detoxification	3	Detoxification	
01	Hospital Inpatient ( Detox, 24 hour Service)	4	Detoxification (Hospital)	
02	Free-standing Residential ( Detox, 24 hour Service)	5	Detoxification (Non-Hospital)	
04	Short-term, ( 30 days or fewer)	6	Treatment/Recovery ( 30 days or less) residential	
05	Long-term, ( more than 30 days)	7	Treatment/Recovery- (31 days or more)	
<b>19</b>	<b>Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual</b>	<b>17</b>	<b>Medication Prescribed</b>	
2	No	1	None	
1	Yes	2	Methadone and/or LAAM (LAAM added 3/15/96 - per state legislation)	
2	No	3	Other	

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Optional

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	-	Not Collected	
2	Detail Drug Code, Secondary	-	Not Collected	
3	Detail Drug Code, Tertiary	-	Not Collected	
4	DSM Diagnosis	-	Not Collected	
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	13	Disability Impairment	
	2 No		1 None	
	2 No		2 Visual	
	2 No		3 Hearing	
	2 No		4 Speech	
	2 No		5 Mobility	
	1 Yes		6 Mental	
	2 No		7 Developmetally Disabled	
	2 No		8 Other	
6	Pregnant at Time of Admission	11	Is This Person Currently Pregnant?	
	1 Yes		1 Yes	
	2 No		2 No	
7	Veteran Status	-	Not Collected	
No longer effective as of: 08-31-2004				
7	Veteran Status	-	Veterans Status	
	1 Yes		1 yes	
	2 No		2 no	

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**Optional**

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No.	Treatment Episode Data Set	Item	Value	State System Data
8	Living Arrangements	-	Not Collected	
9	Source of Income/Support	-	Not Collected	
10	Health Insurance	-	Not Collected	
11	Expected/Actual Primary Source of Payment	-	Not Collected	
12	Detailed Not in Labor Force	-	Not Collected	
13	Detailed Criminal Justice Referral Categories	-	Not Collected	
14	Marital Status	-	Not Collected	
15	Days Waiting to Enter Treatment	-	Not Collected	

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**Discharge**

California

Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>104</b>	<b>Provider ID (At Discharge)</b>	<b>01</b>	<b>Provider ID</b>	
<b>105</b>	<b>Client Identifier - (At Discharge)</b>	<b>02</b>	<b>Form Serial Number</b>	
<b>106</b>	<b>Co-Dependent/Collateral At Discharge</b>	<b>05</b>	<b>Co-Dependent/Significant Other</b>	
<b>109</b>	<b>Service at Discharge</b>	<b>16</b>	<b>Type of Service</b>	
07	Outpatient	1	Treatment/Recovery - non-residential/Outpatient	
06	Intensive Outpatient	2	Day Program-Intensive	
08	Detoxification	3	Detoxification	
01	Hospital Inpatient	4	Detoxification (Hospital)	
02	Free-Standing Residential	5	Detoxification (Non-Hospital)	
04	Short-Term, <=30 days	6	Treatment/Recovery ( 30 days or less) residential	
05	Long-Term, >30 days	7	Treatment/Recovery- (31 days or more)	
03	Hospital (Other than Detox)			
97	Unknown			
<b>146</b>	<b>Date of Last Contact</b>	<b>28</b>	<b>Date of Discharge</b>	
<b>147</b>	<b>Date of Discharge</b>	<b>28</b>	<b>Date of Discharge</b>	

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Discharge

California

Item

Item

No. Treatment Episode Data Set

Value

State System Data

149	Reason for Discharge , Transfer or Discontinuance of Treatment	29	Discharge Status
01	Treatment Complete	1	Completed treatment/recovery plan and/or goals
02	Left Against Professional Advice (Drop Out)	2	Left before completion with satisfactory progress
05	Incarcerated	2	Left before completion with satisfactory progress
06	Death	2	Left before completion with satisfactory progress
03	Terminated by Facility	3	Left before completion with unsatisfactory progress
02	Left Against Professional Advice (Drop Out)	3	Left before completion with unsatisfactory progress
05	Incarcerated	3	Left before completion with unsatisfactory progress
06	Death	3	Left before completion with unsatisfactory progress
04	Transferred to Another Substance Abuse Treatment Program or Facility	4	Referred or transferred for further drug/alcohol treatment/recovery
07	Other		
08	Unknown		
14	Transferred to another substance abuse treatment program/facility, didn't report		
98	Not Collected		

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report